

**THIRTEENTH JUDICIAL CIRCUIT COURT
DIVERSION DRUG COURT CONTRACT**

Name: _____ Case No: _____

I agree to enter the Drug Court Program, and by doing so I understand I will have certain obligations and responsibilities. I will have to follow the orders given to me by the Judge, Drug Court Coordinator, Diversion Manager, and other treatment providers involved in the Program.

CLIENT RESPONSIBILITIES

My Responsibilities Are:

1. I must tell the truth:
2. I am giving up my right to a preliminary hearing:
3. I am giving up my right to a speedy trial during the time I am in the Program:
4. I must attend all court sessions as ordered:
5. I must follow the treatment plan as directed by Program personnel:
6. I must not violate the law, and I understand that if I engage in any criminal act, I may be prosecuted for the charges pending against me:
7. I must tell my Diversion Manager within 48 hours if I move or change my telephone number or disconnect my telephone:
8. I must tell my Diversion Manager within 48 hours if I change employment:
9. I must get permission from my Diversion Manager before I leave Boone County:
10. I must submit urine samples for testing upon request:
11. I understand the Program is at least twelve (12) months and that I must pay a monthly fee of \$50.00. I understand that my fee account must have a zero balance to be eligible to move to the next phase. I also understand the time and cost could be reduced based upon my progress and successful participation:
12. I understand I must complete at least 40 hours Community Service:
13. If restitution is owed, I must pay this amount in full as ordered by the Court:
14. I understand that I must follow the directives given me and remain drug free. If I fail to do so, the Judge may impose one or more of the following therapeutic responses as well as consequences to be accountable for behavior:
 - a. Additional Community Service:
 - b. A period of incarceration in the Boone County Jail:
 - c. Extra individual sessions in counseling:
 - d. Extra group sessions:
 - e. Extra AA/NA meetings:
 - f. Residential treatment:
 - g. 48 hr. intensive Program (Weekend Relapse Intervention Program)
 - i. Termination from the Program.

CLIENT RIGHTS AND BENEFITS

I UNDERSTAND:

1. That during the time I am in the Program, the prosecution of the criminal charge(s) against me will be stayed:
2. That if I successfully complete the Program, the criminal charge(s) against me will be dismissed and I can never be convicted for those charges:
3. That I can quit the Program at any time, but I also understand if I do so I will be prosecuted on the charge(s) pending against me:
4. That if I quit the Program, or I am terminated, anything I have said concerning my drug use while in the Program cannot be used against me in Court:

I FURTHER UNDERSTAND THAT IF I AM TERMINATED FROM THE PROGRAM MY CONDUCT IN THE PROGRAM MAY BE CONSIDERED BY THE JUDGE AT SENTENCING.

CLIENT SIGNATURE

DATE

ATTORNEY SIGNATURE

DATE